

RESERVATION APPLICATION – PARK SPECIAL EVENT

COMPLETED APPLICATIONS WITH REQUESTED DOCUMENTATION/INFORMATION SHOULD BE SUBMITTED AT LEAST 30 CALENDAR DAYS PRIOR TO YOUR EVENT; OTHERWISE REQUEST MAY BE DENIED. BE SURE APPLICATION IS COMPLETED ENTIRELY BEFORE SUBMITTING. ALL SECTIONS MUST BE ANSWERED. MARK N/A FOR NON-APPLICABLE SECTIONS.

Incomplete applications and/or applications without the required documents will not be processed. Submittal of an application does not grant you a permit or confirmation to conduct your planned Park event; all applications are subject to review. All proposed activities and events are subject to the approval of the City of Las Vegas Parks and Recreation Department. Please fax completed form to the attention of **Park Special Events Unit** at fax 702-383-6306 or send as an email attachment to ParkSpecialEvents@lasvegasnevada.gov.

If you have questions, please call (702) 229-PLAY(7529).

STAFF USE: RECEIVED BY	RECEIVED DATE	НН#	RESERVATION PERM	п#	
SECTION A - APPLICANT/ORGANIZATION I	NFORMATION				
CHECK TO ACKNOWLE	oge a 'Site Plan' is re	QUIRED WITH APPLICA	TION SUBMI	ssion!	
Name of Park Event		TYPE OF EVENT/DESCRIPTION			
REQUESTED DATE(S) OF EVENT		REQUESTED SET UP/PREP DATE	TIME OF SET UP/PRE	Р	
			Т		
REQUESTED EVENT START TIME (MIN of 2 HOURS)	REQUESTED EVENT END TIME	REQUESTED STRIKE/TEAR DOWN DATE	TIME OF STRIKE/TEAR	R Down	
			Т	0	
HOST ORGANIZATION/EVENT PRODUCER		PHONE	FAX		
MAILING ADDRESS		Сіту	STATE	ZIP	
WEBSITE ADDRESS FOR ORGANIZATION/EV	ENT	PHONE NUMBER FOR PUBLIC EVENT INQUIRIE	ES .		
NAME OF APPLICANT/EVENT CONTACT		DAYTIME PHONE	DATE OF BIRTH		
TITLE		CELL PHONE	CELL PHONE PROVIDER		
EMAIL ADDRESS					
ALTERNATE CONTACT (IF APPLICABLE)		DAYTIME PHONE	DATE OF BIRTH		
TITLE		CELL PHONE	CELL PHONE PROVIDED		
EMAIL ADDRESS		1			
I, THE APPLICANT, AUTHORIZE THE ALTERNATE CONTACT NAMED ABOVE TO PAY FOR, SIGN AND PICK -UP THE PARK FACILITY USE PERMIT FROM THE PARK SPECIAL EVENTS UNIT? YES NO					



SECTION B - EVENT INFORMATION REQUESTED FACILITY/COMPLEX LOCATIONS					
PLEASE SELECT EACH AGE GROUP THAT BEST DESCRIBES YOUR EVENT ATTENDEES/PARTICIPANTS. CHECK ALL THAT APPLY. ACTIVE ADULT (18-49) ACTIVE ADULT	(50-59)				
EXPECTED EVENT ATTENDANCE — PER DAY IF MULTI DAY EVENT # OF EVENT STAFF (PER DAY IF MULTI DAY EVENT)	# OF VEHICLES EXPECTED (PER DAY IF MULTI DAY EVENT)				
RESERVABLE PICNIC SHELTER / PAVILIONS / ATHLETIC SPORTS FIELDS WILL YOUR ORGANIZATION BE SEEKING TO RESERVE PICNIC SHELTERS / PAVILIONS / ATHLETIC SPORTS FIELDS RECREATION DEPARTMENT IN CONJUNCTION WITH THIS EVENT?	THROUGH THE CITY OF LAS VEGAS PARKS AND				
□ No □ Yes → If Yes, Call for Pavilion/Picnic Reservations at (702	2)229-6718				
OR CALL FOR SPORTS FIELD RESERVATIONS AT (7	(02) 229-1527.				
APPROVAL OF THE PARK EVENT RESERVATION APPLICATION FOR PARK FACILITY USE DOES NOT GUARANTEE RE	ESERVATIONS FOR ADJACENT PARK AREAS.				
SECTION C - EVENT ADMISSION FEES AND PARTICIPANT REGISTRATION ENTRY FEES					
Mul your susuit ways an appreciant sea 2 (Disease outsign NO on VES 15 VES outside appreciant, introduction	TION AS DEQUESTED DELOW!				
WILL YOUR EVENT HAVE AN ADMISSION FEE? (PLEASE CHECK NO OR YES. IF <i>YES</i> , PLEASE PROVIDE ADDITIONAL INFORMAT NO YES PLEASE LIST ADMISSION FEE(s)					
WILL YOUR EVENT HAVE A PARTICIPATION FEE? (PLEASE CHECK NO OR YES. IF YES, PLEASE PROVIDE ADDITIONAL INFORM	· ·				
□ NO □ YES PLEASE LIST PARTICIPATION FEE(S)					
Section D – Event Promotional Features					
ALL EVENT FEATURES ARE SUBJECT TO THE APPROVAL OF THE PARKS AND	RECREATION DEPARTMENT.				
ADDITIONALLY, CERTAIN EVENT FEATURES LISTED BELOW MAY REQUIRE SEPARATE PERMITS AND MUST BE					
INCLUDED ON THE SITE MAP SUBMISSION.					
ADVERTISING AND MARKETING					
PLEASE NOTE THAT ALL COSTS INCURRED PROMOTING AND MARKETING PARK EVENTS PRIOR TO THE APPROVE FROM THE PARK SPECIAL EVENTS UNIT AND CHANGES/MODIFICATIONS RELATIVE TO THE EVENT ARE AT THE S					
WILL YOUR EVENT BE PUBLICLY ADVERTISED? (PLEASE CHECK NO OR YES) IF YES, IDENTIFY ALL METHODS/MEDIAS YOU INTEND TO USE. DOCUMENT(S) WITH THIS INFORMATION MAY NO YES DESCRIPTION(S)					
Will your event have a web page? (Please check NO or YES. If <i>YES,</i> please write in the web addr	RESS.)				



SECTION D (CONT.)

BANNERS/PROMOTIONAL SIGNAGE

IF YOUR EVENT WILL FEATURE ANY PROMOTIONAL BANNERS OR OTHER PROMOTIONAL SIGNAGE, THE EVENT ORGANIZER MUST CONSULT THE CITY OF LAS VEGAS PARKS AND RECREATION STAFF PRIOR TO INSTALLATION OF ANY PROMOTIONAL BANNERS OR OTHER ELEMENTS. ALL SIGNAGE THAT IS NOT REMOVED BY THE USER GROUP BY THE APPROVED REMOVAL DATE SHALL CONSTITUTE A NUISANCE AND MAY BE REMOVED BY THE CITY. THE CITY MAY BILL THE USER GROUP FOR THE REMOVAL.

WILL YOUR EVENT FEATURE BANNERS OR OTHER PROMOTIONAL	SIGNAGE? (PLEASE CHECK YE	S OR NO. IF <i>YES</i> , PLEASE PROVIDE	ADDITIONA	L INFORMATION AS REQUESTED BELOW.)
□ NO □ YES — NUMBER OF BANNERS/OTHER SIGNAGE		Size of Banners		
Description(s)				
Additional Documentation Required: <i>If you che</i> 1. PLEASE IDENTIFY THE LOCATION OF THE PROI		DROMOTIONAL SIGNACE ON TI	IE SITE NAA	D SUDMISSION
2. ATTACH A DIGITAL OR HAND DRAWN RENDER	RING OF ANY SIGNAGE TO TI	HE SITE MAP.		
THE SITE MAP AND THE SIGNAGE RENDERING MUST BE SU	BMITTED TO THE PARK SPECIA	L EVENTS UNIT WITH THE SUBMISSIO	ON OF THIS	<mark>APPLICATION.</mark>
EVENT NAME		APPLICANT'S NAME		
Firm Appears		Dugue Pugus		Cou Duous
EMAIL ADDRESS		DAYTIME PHONE		CELL PHONE
PROPOSED FIELD SITE(S) FOR BANNERS	# OF BANNERS/SIGNS		SIZE	
PROPOSED FIELD SHE(S) FOR DANNERS	# OF BANNERS/ SIGNS		SIZE	
PROPOSED BANNER/SIGN LOCATION(S) – MUST ALSO BE NOTED	THE SITE MAP			
BANNER/SIGN COLOR		PRINT COLOR		
REASON FOR POSTING BANNER/SIGN				
METHOD OF INSTALLATION		BANNERS WILL BE INSTALLED ON D	ATE	AND WILL BE REMOVED ON DATE
STAFF USE ONLY BELOW THIS LINE – CONDITIONS OF APPRO	VAL IF DIFFERENT FROM REQUES	ST .		
APPROVED BY (CLV REPRESENTATIVE SIGNATURE)		DATE		PERMIT NUMBER
A COPY OF THIS APPROVED FORM/PAGE IS THE	BANNER AND SIGN PER	RMIT AND MUST BE AVAILAB	SLE DURII	 NG TIMES OF PARK FACILITY USE.



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SALES, SAMPLING OR GIVE-AWAYS OF FOOD, NON-ALCOHOLIC BEVERAGES, OR MERCHANDISE MAY REQUIRE SEPARATE PERMITS BE					
OBTAINED FROM THE CITY OF LAS VE	OBTAINED FROM THE CITY OF LAS VEGAS PRIOR TO THE DEPARTMENT OF PARKS AND RECREATION APPROVAL OF THE REQUEST.				
IS YOUR ORGANIZATION RECOGNIZED AS HAVING 501c NON-PROFIT STATUS WITH THE IRS?	□ No □ Yes		IDE THE FEDERAL TAX ON (EIN) NUMBER		
ARE YOU A REPRESENTATIVE FOR AN WILL BE REQUESTING PERMISSION TO EVENT/ACTIVITY AND/OR CONCESSION	CONDUCT A COMME		□ No □ YES —	IF YES, PLEASE REFER TO SECTION 4 - ► LICENSING AND PERMITS REGARDING ADDITIONAL REQUIREMENTS.	

CONCESSIONS

HOST ORGANIZATIONS/APPLICANTS REQUESTING PERMISSION DURING THEIR PARK EVENT TO SERVE/SAMPLE / SELL FOOD, NON-ALCOHOLIC BEVERAGES, PRODUCTS, MERCHANDISE AND/OR SERVICES TO THE EVENT PARTICIPANTS AND SPECTATORS MUST OBTAIN PRIOR APPROVAL FROM THE DEPARTMENT OF PARKS AND RECREATION. ORGANIZATIONS REQUESTING TO DISTRIBUTE FOOD OR NON-ALCOHOLIC BEVERAGES MAY BE REQUIRED TO OBTAIN A CONCESSIONS PERMIT THROUGH THE CITY OF LAS VEGAS BUSINESS AND LICENSING UNIT. PROOF OF THE CONCESSION PERMIT AND VERIFIED CITY OF LAS VEGAS BUSINESS LICENSE MUST BE ON FILE WITH THE PARK SPECIAL EVENTS UNIT PRIOR TO PERMITS BEING ISSUED.

ARE YOU REQUESTING PERMISSION AS THE APPLICANT OR FOR YOUR ORGANIZATION TO DISTRIBUTE/SELL FOOD AND/OR NON-ALCOHOLIC BEVERAGES AT THIS (PLEASE CHECK NO OR YES. IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION AS REQUESTED BELOW.) □ NO □ YES WHAT ITEM(S) ARE YOU REQUESTING PERMISSION TO DISTRIBUTE/SELL? (CHECK ALL THAT APPLY.) ☐ FOOD ☐ Non-Alcoholic Beverages □ PRODUCTS ■ SERVICES DESCRIPTION(S) ADDITIONAL DOCUMENTATION REQUIRED: IF YOU CHECKED "YES", VERIFICATION OF YOUR CITY OF LAS VEGAS BUSINESS LICENSE WILL BE REQUIRED PRIOR TO PERMITS BEING ISSUED. **VENDORS** VENDORS ARE 3RD PARTY ORGANIZATIONS AND/OR BUSINESSES THAT MAY DISTRIBUTE/SELL OR ADVERTISE PRODUCTS AND/OR SERVICES TO YOUR EVENT

PARTICIPANTS AND SPECTATORS. SALES, SAMPLES OR GIVEAWAYS OF MERCHANDISE MAY REQUIRE SEPARATE PERMITS BE OBTAINED FROM THE CITY OF LAS VEGAS PRIOR TO THE DEPARTMENT OF PARKS AND RECREATION APPROVAL OF THE REQUEST.

(PLEASE CHECK NO OR YES. IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION AS REQUESTED BELOW. DOCUMENT(S) WITH THIS INFORMATION MAY BE

ATTACHED.)						
□ No □ YES	→	WHAT ITEM(S	ARE YOU REQUI	ESTING PERMISSION FOR THE 3 RD PARTY	VENDOR(S) TO DIST	RIBUTE/SELL? (CHECK ALL THAT APPLY.)
						,
			☐ FOOD	☐ NON-ALCOHOLIC BEVERAGES	□ PRODUCTS	☐ SERVICES
	DES	CRIPTION(S)				

Additional Documentation Required: If you checked "Yes" above, a list of all the vendors, including their names, addresses, phone numbers and City of Las VEGAS BUSINESS LICENSE NUMBERS MUST BE SUBMITTED TO THE PARK SPECIAL EVENTS UNIT AT LEAST 30 DAYS PRIOR TO YOUR EVENT DATE.

WILL VENDORS BE CHARGED FOR BOOTH SPACE AT THE EVENT?

□ NO □ YES → IF YES, LIST THE FEE(S):

ARE YOU REQUESTING PERMISSION FOR THIS EVENT TO FEATURE 3RD PARTY VENDORS?



SECTION G - SITE MAP/LOGISTICS PLAN

USING A MAP OF EACH CITY OF LAS VEGAS PARK FACILITY COMPLEX THAT WILL BE UTILIZED FOR THE PARK EVENT, INDICATE WHERE EACH OF THE FOLLOWING APPLICABLE ITEMS WILL BE LOCATED. ALL SITE MAPS ARE SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF PARKS AND RECREATION PARK SPECIAL EVENTS UNIT AND CITY OF LAS VEGAS. YOU MAY OBTAIN A PARK FACILITY COMPLEX MAP UPON REQUEST.

- EMERGENCY ACCESS TO THE EVENT SITE
- FIRST AID STATIONS, LOST AND FOUND STATION
- ADDITIONAL DUMPSTERS/RECYCLING CONTAINERS PROVIDED BY HOST FOR BOTH ATTENDEES AND VENDORS
- TENTS/CANOPIES IF YOU HAVE MORE THAN ONE SIZE TENT, INDICATE THE SIZE AT EACH TENT SITE
- TEMPORARY FENCING, BARRIERS, AND/OR BARRICADES
- VEHICLES/TRAILERS
- PLATFORMS, BLEACHERS, INFLATABLES
- PORTABLE TOILETS
- PORTABLE GENERATORS
- VENDOR AND/OR CONCESSIONAIRE LOCATIONS
- VENDOR LOADING AND UNLOADING AREAS
- INFORMATION AREA, TABLES, CHAIRS, STAGING
- ALL SOURCES OF AMPLIFIED SOUND AND DIRECTION OF SOUND
- IF ALCOHOL WILL BE PROVIDED, SITE PLAN MUST INCLUDE THE FOLLOWING:
 - O LOCATION OF THE ALCOHOL DISTRIBUTION AREAS
 - O LOCATION OF STAFF WHO WILL BE DISTRIBUTING ALCOHOL
 - O LOCATION OF SECURITY STAFF
 - O IF ALCOHOL WILL BE CONTAINED TO A SPECIFIC AREA.

SEC	TION F - EVENT FEATURES				
Αι	COHOL				
1.	ARE YOU REQUESTING PERMISSION TO DISTRIBUTE ALCOHOL AT YOUR EVENT WHICH IS OPEN TO THE PUBLIC?				
	□ NO □ YES If YES, THE APPLICANT MUST INCLUDE THE <u>ALCOHOL AND SECURITY ADDENDUM</u> WITH THEIR SUBMISSION				
2.	Are you requesting permission to distribute alcohol at your event which is anticipated to have less than 250 attendees?				
	□ NO □ YES ———————————————————————————————————				
3.	Are you requesting permission to distribute alcohol at your event which is anticipated to have 250 or more attendees?				
	□ NO □ YES — IF YES, THE APPLICANT MUST INCLUDE THE <u>ALCOHOL AND SECURITY ADDENDUM</u> WITH THEIR SUBMISSION				
4.	Are you requesting permission to sell alcohol at your event?				
	□ NO □ YES If YES, THE APPLICANT MUST INCLUDE THE <u>ALCOHOL AND SECURITY ADDENDUM</u> WITH THEIR SUBMISSION				
SE	CURITY				
1.	ARE YOU REQUESTING PERMISSION TO PERMIT AN EVENT THAT IS ANTICIPATED TO HAVE 250 OR MORE ATTENDEES?				
	□ NO □ YES If YES, THE APPLICANT MUST COMPLETE AND SUBMIT A SECURITY LOGISTICS PLAN WITH THEIR SUBMISSION				
2.	WILL YOU BE VOLUNTARILY MAKING PROVISIONS FOR ON-SITE CONTRACTED SECURITY SERVICES DURING YOUR EVENT?				
	□ NO □ YES If YES, THE APPLICANT MUST COMPLETE AND SUBMIT A <u>SECURITY LOGISTICS PLAN</u> WITH THEIR SUBMISSION				
INCOMPLETE APPLICATIONS AND/OR APPLICATIONS WITHOUT THE <u>REQUIRED DOCUMENTS</u> WILL NOT BE PROCESSED.					
FII	REWORKS/PYROTECHNIC/SPECIAL EFFECT/LASER DISPLAYS AND OPEN FLAMES				
ALL ACTIVITIES AND EVENTS ASSOCIATED WITH THE USE OF FIREWORKS/PYROTECHNICS/SPECIAL EFFECTS/LASERS OR OPEN FLAMES MUST BE REVIEWED AND					
APPROVED BY THE CITY OF LAS VEGAS PARKS AND RECREATION DEPARTMENT IN COMPLIANCE WITH THE INTERNATIONAL FIRE CODE AS AMENDED BY THE STATE					
OF NEVADA AND THE CITY OF LAS VEGAS.					
1.	ARE YOU REQUESTING PERMISSION TO PERMIT AN EVENT THAT WILL INCLUDE AN ACTIVITY IN THIS CATEGORY? (OUTDOOR FIREWORKS,				
	LASERS, MODEL ROCKET LAUNCHES, OPEN FLAME ACTIVITIES, FIRE WALKING, SPECIAL EFFECT PYROTECHNICS, ETC.)				

→ IF YES, THE APPLICANT MUST COMPLETE AND SUBMIT A <u>SECURITY LOGISTICS PLAN</u> WITH THEIR SUBMISSION

□ No □ YES



City of Las Vegas Parks and Recreation Park Special Events Unit

SECTION I - ADDITIONAL EVENT FEATURES

AMPLIFIED SOUND

Amplified sound must be directed away from residences. The sound level must not exceed 110 decibels and the sound currew is 10pm at all City of Las Vegas parks unless noted otherwise. (Freedom park has a sound currew of 9pm). Deputy City marshals may monitor amplified sound. If problems occur from the noise level, the Marshals have the authority to direct that the music be lowered or discontinued.

NOISE LEVEL, THE IVIANSHALS HAVE THE AUTHORITY TO DIRECT THAT THE MUSIC BE LOWERED OR DISCONTINUED.						
ARE YOU REQUESTING PERM	PERMISSION TO HAVE AMPLIFIED SOUND? (PLEASE CHECK YES OR NO. IF YES, PLEASE PROVIDE ADDITIONAL INFOR	MATION AS REQUESTED BELOW.)				
□ No □ YES —	Hours of Amplified Sound To					
_	Describe Sound System					
	NTATION REQUIRED: IF YOU CHECKED "YES" ABOVE, PLEASE IDENTIFY THE PROPOSED SOUND SYSTEM, DIRECTION OF RS MUST FACE AWAY FROM RESIDENCES.	SOUND AND LOCATION OF ALL SPEAKERS ON				
TENTS AND CANOPIES	PIES					
IF YOU ARE PLANNING TO EI	TILIZED TO SECURE TENTS, CANOPIES OR ANY OTHER STRUCTURE. ALL CANOPIES AND/OR TENTS MUST BE SECURED W TO ERECT TENTS OR CANOPIES, DESCRIBE AND GIVE THE QUANTITY OF TENTS AND/OR CANOPIES, ALONG WITH THE SI ATTACHED. ALL TENTS AND/OR CANOPIES MUST BE INDICATED ON A SITE MAP. THE EVENT ORGANIZER IS RESPONSI ID MUST CONSULT CITY OF LAS VEGAS PARK FACILITIES STAFF PRIOR TO INSTALLATION.	IZES OF EACH. A SEPARATE SHEET WITH THIS				
WILL YOUR EVENT FEATURE	TURE TENTS AND/OR CANOPIES? (PLEASE CHECK YES OR NO. IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION	AS REQUESTED BELOW.)				
□ No □ YES ——	NUMBER OF TENTS/CANOPIES					
	TENT/CANOPY SIZE(s): (IF YOU HAVE MULTIPLE TENTS/CANOPIES WITH VARYING SIZES, INDICATE THI	E NUMBER WITH THE CORRESPONDING SIZE.)				
Additional Documenta	NTATION REQUIRED: IF YOU CHECKED "YES" ABOVE, PLEASE IDENTIFY THE TENTS AND CANOPIES LOCATIONS WITH SI	ZES ON THE SITE MAP.				
TEMPORARY FENCING	ING UDE THE INSTALLATION OF TEMPORARY FENCING? (PLEASE CHECK YES OR NO. IF YES, PLEASE PROVIDE ADDITIONA	AL INFORMATION AS REQUESTED BELOW.)				
□ No □ YES ——	Description(s)					
ADDITIONAL DOCUMENTAT	NTATION REQUIRED: IF YOU CHECKED "YES" ABOVE, PLEASE IDENTIFY THE LOCATION OF THE TEMPORARY FENCING C	ON THE SITE MAP.				
	MUST BE REMOVED FROM CITY OF LAS VEGAS PROPERTY BY THE PERMIT TEAR-DOWN END TIME OR AT A TIME SPECUDE THE USE OF PORTABLE TOILETS? (PLEASE CHECK YES OR NO. IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION.)	ION AS REQUESTED BELOW.)				
□ No □ YES —	NUMBER OF PORTABLE TOILETS AND NUMBER OF ACCESSIBLE PORTABLE	TOILETS				
Description(s)						
Additional Documenta	NTATION REQUIRED: IF YOU CHECKED "YES" ABOVE, PLEASE IDENTIFY THE LOCATION OF THE PORTABLE TOILETS ON	THE SITE MAP.				
ADDITIONAL DUMPST	PSTER(S)					
	ude the use of additional dumpsters (for trash or recycling)? r NO. If <i>YES</i> , please provide additional information as requested below.)					
□ NO □ YES → NUMBER OF ADDITIONAL DUMPSTER(S)						
L	DETAILS ON ANTICIPATED DELIVERY AND REMOVAL					
OTHER STRUCTURES	ES ES					
	ude the use of other structures not identified above (i.e. Barricades, generators, climbing walls, rid r NO. If <i>YES</i> , please provide additional information as requested below.)	es, etc.)?				
□ No □ YES ——	Number of Structures					
L	→ Description(s)					

ADDITIONAL DOCUMENTATION REQUIRED: IF YOU CHECKED "YES" ABOVE, PLEASE IDENTIFY THE LOCATION OF THE OTHER STRUCTURES ON THE SITE MAP.

THE SITE MAP MUST BE SUBMITTED TO THE PARK SPECIAL EVENTS UNIT WITH THE SUBMISSION OF THIS RESERVATION APPLICATION FORM.



SECTION K - SIGNATURE

APPLICANT AGREES THAT HE/SHE IS DULY APPOINTED AND AUTHORIZED TO MAKE AND SUBMIT THE ABOVE REQUEST IN THE NAME OF THE AFOREMENTIONED ORGANIZATION.

APPLICANT AFFIRMS THAT ALL ANSWERS GIVEN AND STATEMENTS MADE ON THIS APPLICATION ARE FULL AND TRUE TO THE BEST KNOWLEDGE OF THE APPLICANT. APPLICANT AFFIRMS HE /SHE IS 18 YEARS OF AGE OR OLDER AND HAS READ THE TERMS AND CONDITIONS OUTLINED IN THIS DOCUMENT. APPLICANT AGREES TO REVIEW THE PARK SPECIAL EVENTS UNIT COMMUNITY AND PARK EVENTS POLICIES AND AGREEMENTS AND AGREES TO ABIDE BY THEM.

In addition to the insurance requirements set forth in the Park Special Events Unit Policies Handbook, applicant agrees to protect, defend, indemnify and save the City of Las Vegas, its officers, employees, agents, and volunteers (the "Indemnified Parties") harmless from and against any and all claims, liability, damages, demands, losses, expenses, suits, liens, judgment, attorney's fee, or court costs or any other form of liability (collectively the "Claims"), including without limitation, Claims for injuries to or death of any person or persons or damage or loss to the City premises or any part thereof, which the Indemnified Parties, or any of them, may suffer as a result of, by reason of, or in consequence of, the action or omissions of the Applicant, it's employees, agents or anyone employed in performing or failing to perform the provisions of the agreement.

APPLICANT UNDERSTANDS THAT THE SUBMITTAL OF THIS APPLICATION DOES NOT GRANT PERMISSION OR CONFIRMATION TO CONDUCT THE PLANNED PARK EVENT. FURTHER, THE APPLICANT UNDERSTANDS THE CITY MAY CANCEL, HALT AND/OR REFUSE THE ORGANIZATION'S USE OF THE PARK FACILITY IF ANY OF THE ABOVE REQUIREMENTS ARE NOT COMPLETED BY THE SPECIFIC APPLICATION DEADLINES OR AT THE DISCRETION OF THE CITY. **VIOLATIONS OF THE PARK SPECIAL EVENTS UNIT POLICIES HANDBOOK MAY BE SUBJECT TO PENALTIES**AND/OR REFUSAL OF FUTURE REQUESTS. ANY FEES PAID MAY BE FORFEITED BY THE ORGANIZATION IF SUCH CANCELLATION OCCURS, AND APPLICANT ACKNOWLEDGES ON BEHALF OF ORGANIZATION THAT THE FEES AND FINES MAY ALSO BE ASSESSED PURSUANT TO THE CITY'S FEE SCHEDULE.

		_	
NAME OF EVENT	DATE(S) OF EVI	DATE(S) OF EVENT	
Name of Organization			
NAME OF APPLICANT (PLEASE PRINT)	TITLE		
SIGNATURE OF APPLICANT	Date	· · · · · · · · · · · · · · · · · · ·	
By entering my <i>digital signature</i> above, I assert t	HAT I HAVE READ AND COMPLETED THIS FORM AND AGREE T	O ITS TERMS.	

Things to consider...

- If providing portable restrooms, consider renting at least one that is ADA accessible
- Make sure to have staff assigned for trash duty throughout and after event
- A contact list with names and cell numbers of event staff and subcontractors can be helpful for event staff.

Submit your completed Park Event Reservation Application to the Park Special Events Unit by fax, mail, email or you may bring your application to the Park Special Events Unit office:

495 South Main Street, City Hall, 5th Floor, Las Vegas, NV 89101. Business hours: Monday – Thursday, 7:00 am – 5:00 pm Phone (702) 229-PLAY(7529) ~ Fax (702) 383-6306 ParkSpecialEvents@lasvegasnevada.gov